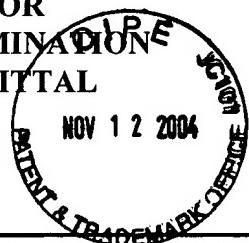


RCE/12126
FOL

**REQUEST FOR
CONTINUED EXAMINATION
(RCE) TRANSMITTAL**

Address to:
Mail Stop RCE
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450



Application Number	09/659,973
Filing Date	September 12, 2000
First Named Inventor	Mark Clayton
Group Art Unit	2126
Examiner Name	George L. Opie
Attorney Docket Number	TC00047

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO).

1. Submission required under 37 C.F.R. 1.114 Note: if the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).
 - a. Previously submitted. If a final Office Action is outstanding, any amendments filed after the final Office Action may be considered as a submission even if this box is not checked.
 - i. Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
 - ii. Other _Please enter the Response Under 37 CFR 1.116 filed July 26, 2004.
 - b. Enclosed
 - i. Amendment/Reply
 - ii. Affidavit(s)/Declaration(s)
 - iii. Information Disclosure Statement (IDS)
 - iv. Other _____
2. Miscellaneous
 - a. Suspension of Action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.117(i) required.)
 - b. Other _____
3. Fees The RCE fee under 37 C.F.R. 1.117 (e) is required by 37 C.F.R. 1.114 when the RCE is filed.
 - a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 502117. A Fee Transmittal is included in duplicate.
 - i. RCE fee required under 37 C.F.R. 1.17(e)
 - ii. Extension of time fee (37 C.F.R. 1.136 and 1.17)
 - iii. Other _____
 - b. Check in the amount of \$ _____ enclosed..
 - c. Payment by credit card (Form PTO-2038 enclosed)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED

Name (Printed/Type)
Signature

Kevin D. Wills
Kevin D. Wills

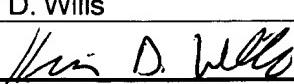
Reg. No. 43,993
Date November 8, 2004

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U. S. Patent and Trademark Office on: November 8, 2004

Name V. Lynn Webb Signature *V. Lynn Webb*

FEE TRANSMITTER <small>Patent fees are subject to annual revision. TRADEMARK OFFICE</small>		<i>NOV 12 2004</i>	
		<i>Complete if Known</i>	
		Application Number	09/659,973
		Filing Date	September 12, 2000
		First Named Inventor	Mark Clayton
		Examiner Name	George L. Opie
		Group Art Unit	2126
TOTAL AMOUNT OF PAYMENT		(\$ 790.00)	Attorney Docket No.
			TC00047

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)											
<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	3. ADDITIONAL FEES										
<input checked="" type="checkbox"/> Deposit Account:				<table border="1" style="width: 100px; margin-bottom: 5px;"> <tr><td>Deposit Account Number</td><td>502117</td></tr> <tr><td>Deposit Account Name</td><td>Motorola, Inc.</td></tr> </table>			Deposit Account Number	502117	Deposit Account Name	Motorola, Inc.					
Deposit Account Number	502117														
Deposit Account Name	Motorola, Inc.														
<p>The Director is authorized to: (check all that apply)</p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.				<table border="1" style="width: 100px; margin-bottom: 5px;"> <tr><td>Fee</td><td>Fee</td><td>Fee</td><td>Fee</td></tr> <tr><td>Code</td><td>(\$)</td><td>Code</td><td>(\$)</td></tr> </table> <table border="1" style="width: 100px; margin-bottom: 5px;"> <tr><td>Fee Description</td></tr> </table>			Fee	Fee	Fee	Fee	Code	(\$)	Code	(\$)	Fee Description
Fee	Fee	Fee	Fee												
Code	(\$)	Code	(\$)												
Fee Description															
FEE CALCULATION															
1. BASIC FILING FEE															
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Paid											
1001	790	2001	395	Utility filing fee	<input type="text"/>										
1002	350	2002	175	Design filing fee	<input type="text"/>										
1003	550	2003	275	Plant filing fee	<input type="text"/>										
1004	790	2004	395	Reissue filing fee	<input type="text"/>										
1005	160	2005	80	Provisional filing fee	<input type="text"/>										
SUBTOTAL (1) (\$ 0)				<input type="text"/>											
2. EXTRA CLAIM FEES															
Total Claims	Previously Paid**	Extra Claims	Fee from below	Fee Paid											
Independent Claims	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
Multiple Dependent			<input type="text"/>	<input type="text"/>											
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description											
1202	18	2202	9	Claims in excess of 20											
1201	88	2201	44	Independent claims in excess of 3											
1203	300	2203	150	Multiple dependent claim, if not paid											
1204	88	2204	44	* Reissue independent claims over original patent											
1205	18	2205	9	* Reissue claims in excess of 20 and over original patent											
SUBTOTAL (2) (\$ 0)				<input type="text"/>											
SUBMITTED BY															
Name (Print/Type)	Kevin D. Wills			Registration No.	43,993	Telephone	602-952-4399								
Signature				Date	November 8, 2004										